SEE NOTATION PLACE OF BIRTH	* AND BIRTH	RECARDAF (.H 8-14-72 Sma)	ILD. AZ. 8-21-45
1. County of Lila	ARIZ	ZONA STATE BO	ARD OF HEALTH
District of	BUREAU OF VIT.	AL STATISTICS	State Index No///
Town of Hobe	ORIGINAL CERTIF	CATE OF BIRTH	County Registrar No.
or		01 1.	Local Registrar No. /5
City of	No	erzed in a hospital or institut	Ward tion give its NAME instead of street and number)
2. Full name of child.	athy Jaloan	Shute	[If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered	ON V A. Twin, triplet or other	6. Legitimate?	1 1 5 1051
Temple births.	OMDICITY	Ura	7. Date July 30 1926 of bird Month Day Year
8. FAT		14.	MOTHER .
Full name Colinde	Sheete	Full maiden name	edell M. Riche
9. Residence (Usual place of (aborle)	Sec.	15 Residence (Usual place of abode	0000
If non-resident, give place and at	ate. Hote	If non-resident, giv	e place and state. Hobe
10. Color or race	 	16 Color or race	
W. 11. Age	at last birthday 22 (Years)	W	17. Age at last birthday(Years)
12. Birthplace (city or place)	er leounts dri	18. Birthplace (city or (State or country)	Tills foro 9. 34
13. Occupation		19. Occupation	,
Nature of Industry	6 103	Nature of Industry	Housemen
20. Number of children of this moti		1 21 We	re precautions taken against oph-
(Taken as of time of birth of child he certified and including this child.)	(4) D	dths	almia neonaforum?
	CERTIFICATE OF ATTENDING	PHYSICIAN OR MEDI	VIFE4
I hereby certify that I attended the	birth of this child, who was (1)	Born plive or stillsorn.	at
* When there was no attending plor midwife, then the father, house etc., should make this return. A so this is not been breather.	tillborn \	11. C. R.	(Physician or midwife).
child is one that neither breati shows other evidence of life after	r birth. Address	Little Control	
Given name added from a supplemental report Month, day, year	Filed	-31,1,26	Local Registrar.
month, day, Jean			
	Registrar		County Registrar,
	2/25-730-	ゲ ダイ・・・	· •

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